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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date	
							Applicant(s)			
							Hiromichi Nakata		10517/191	
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51			
2		✓					52			
3		✓					53			
4		✓					54			
5		✓					55			
6		✓					56			
7		✓					57			
8		✓					58			
9		✓					59			
10	✓						60			
11		✓					61			
12		✓					62			
13		✓					63			
14		✓					64			
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18		✓					68			
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47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	16						Total Depend			
Total Claims	18						Total Claims			

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